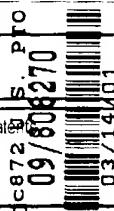
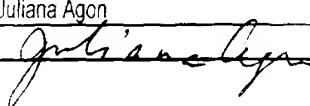
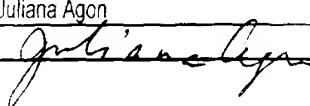
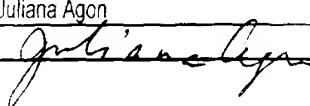


03-15-01

A

UTILITY PATENT APPLICATION TRANSMITTAL <small>For new nonprovisional applications under 37 C.F.R. § 1.53(b)</small>		Attorney Docket No. SP01-041 Total Pages 49 First Named Inventor or Application Identifier Dejneka, Matthew J. et al. Title CLADDING-PUMPED 3-LEVEL FIBER LASER/AMPLIFIER Express Mail Label No. EL689104601US																																				
 1060 03/14/01		Assistant Commissioner for Patent ADDRESS TO: Box Patent Application Washington, DC 20231  C872 09/09/01 03/14/01																																				
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Specification [Total Pages 37] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 12]</p> <p>4. <input type="checkbox"/> Oath or Declaration [Total Pages]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)</small></p>																																						
<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement identifying identity of above copies </p>																																						
ACCOMPANYING APPLICATION PARTS																																						
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(should be specifically itemized)</small></p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>15. <input type="checkbox"/> Other</p>																																						
<p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment.</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 08/</p> <p>Prior application information: Examiner: TBA Group: A4 Jkt: TBA</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																																						
17. CORRESPONDENCE ADDRESS																																						
<p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 22928 or <input type="checkbox"/> Correspondence address below</p>																																						
<table border="1"> <tr> <td>NAME</td> <td colspan="4">Juliana Agon</td> </tr> <tr> <td>ADDRESS</td> <td colspan="4">Corning Incorporated, SP-T1-3-1</td> </tr> <tr> <td>CITY</td> <td>Corning</td> <td>STATE</td> <td>NY</td> <td>ZIP CODE</td> <td>14831</td> </tr> <tr> <td>COUNTRY</td> <td>USA</td> <td>TELEPHONE</td> <td>(607) 974-6574</td> <td>FAX</td> <td>(607) 974-3848</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Juliana Agon</td> <td>Registration No. (Attorney/Agent)</td> <td colspan="2">33,468</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> <td colspan="2">March 14, 2001</td> </tr> </table>					NAME	Juliana Agon				ADDRESS	Corning Incorporated, SP-T1-3-1				CITY	Corning	STATE	NY	ZIP CODE	14831	COUNTRY	USA	TELEPHONE	(607) 974-6574	FAX	(607) 974-3848	Name (Print/Type)	Juliana Agon		Registration No. (Attorney/Agent)	33,468		Signature			Date	March 14, 2001	
NAME	Juliana Agon																																					
ADDRESS	Corning Incorporated, SP-T1-3-1																																					
CITY	Corning	STATE	NY	ZIP CODE	14831																																	
COUNTRY	USA	TELEPHONE	(607) 974-6574	FAX	(607) 974-3848																																	
Name (Print/Type)	Juliana Agon		Registration No. (Attorney/Agent)	33,468																																		
Signature			Date	March 14, 2001																																		

FEE TRANSMITTAL for FY 2000

TOTAL AMOUNT OF PAYMENT (\$) **854.00**

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **03-3325**

Deposit Account Name **Corning Incorporated**

Charge Any Additional Fees Required
Under 37 C.F.R. §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee	Fee	Fee Description	Fee Paid
Code	(\\$)			
101	710		Utility filing fee	\$710.00
106	320		Design filing fee	
107	490		Plant filing fee	
108	710		Reissue filing fee	
114	150		Provisional filing fee	
SUBTOTAL (1)				(\$710.00)

2. EXTRA CLAIM FEES

Large Entity	Fee	Fee	Fee Description	Fee Paid
Code	(\\$)			
103	18		Claims in excess of 20	
102	80		Independent claims in excess of 3	
104	270		Multiple dependent claim, if not paid	
109	80		** Reissue independent claims over original patent	
110	18		** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$144.00)

<i>Complete if Known</i>	
Application Number	
Filing Date	
First Named Inventor	Dejneka, Matthew
Examiner Name	TBA
Group / Art Unit	TBA
Attorney Docket Number	SP01-041

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Fee	Fee	Fee Description	Fee Paid
Code	(\\$)			
105	130		Surcharge - late filing fee or oath	
127	50		Surcharge - late provisional filing fee or cover sheet	
139	130		Non-English specification	
147	2,520		For filing a request for reexamination	
112	920*		Requesting publication of SIR prior to Examiner action	
113	1,840		Requesting publication of SIR after Examiner action	
115	110		Extension for reply within first month	
116	390		Extension for reply within second month	
117	830		Extension for reply within third month	
118	1,390		Extension for reply within fourth month	
128	1,890		Extension for reply within fifth month	
119	310		Notice of Appeal	
120	310		Filing a brief in support of an appeal	
121	270		Request for oral hearing	
138	1,510		Petition to institute a public use proceeding	
140	110		Petition to revive - unavoidable	
141	1,240		Petition to revive - unintentional	
142	1,240		Utility issue fee (or reissue)	
143	440		Design issue fee	
144	600		Plant issue fee	
122	130		Petitions to the Commissioner	
123	50		Petitions related to provisional applications	
126	240		Submission of Information Disclosure Stmt	
581	40		Recording each patent assignment per property (times number of properties) _____ x	
146	710		Filing a submission after final rejection (37 C.F.R. § 1.129(a))	
149	710		For each additional invention to be examined (37 C.F.R. § 1.129(b))	
Other fee (specify) _____				
Other fee (specify) _____				
SUBTOTAL (3)				(\$10.00)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Completed (if applicable)	
Name (Print / Type)	Juliana Agon	Registration No. (Attorney / Agent)	33,468
Signature	<i>Juliana Agon</i>	Date	March 14, 2001

Attorney Docket No. SP01-041
Filing Date: March 14, 2001

Date of Deposit: March 14, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is Addressed to the Commissioner of Patents and Trademarks Washington, DC 20231

Signature

Juliana Agon
"EXPRESS MAIL" Mailing Label No. EL68

"EXPRESS MAIL" Mailing Label No. EL689104601US